

Please type a plus sign (+) inside this box → ☐

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTO/SB/50 (02-01)

Approved for use through 01/31/2004. OMB 0651-0033
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Assistant Commissioner for Patents
Box Reissue
Washington, DC 20231

Attorney Docket No.	YAMAP0503US
First Named Inventor	Y. Kobayashi
Original Patent Number	5,898,394
Original Patent Issue Date (Month/Day/Year)	4/27/99
Express Mail Label No.	EK347076040US

APPLICATION FOR REISSUE OF:
(Check applicable box)

Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in double column copy of patent
format (amended, if appropriate)
4. ☒ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
6. ☒ Power of Attorney
7. Original U.S. Patent currently assigned? ☒ Yes ☐ No
(If Yes, check applicable box(es))
 - ☒ Written Consent of all Assignees (PTO/SB/53)
 - ☒ 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)
8. ☐ CD-ROM or CD-R in duplicate, Computer Program (Appendix)
or large table
9. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all of the following are necessary)
 - a. ☐ Computer Readable Form (CFR)
 - b. Specification Sequence Listing on:
 - i ☐ CD-ROM (2 copies) or CD-R (2 copies); or
 - ii ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

10. ☒ Statement of status and support for all changes
to the claims. See 37 CFR 1.173 (c).
11. ☐ Original U.S. Patent for surrender
 - ☐ Ribbonded Original Patent Grant
 - ☐ Statement of Loss (PTO/SB/55)
12. ☒ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
13. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS
Citations
14. ☐ English Translation of Reissue Oath/Declaration
(if applicable)
15. ☒ Preliminary Amendment
16. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
17. Other: Express Mail.....
Certificate.....
Offer to Surrender

18. CORRESPONDENCE ADDRESS



Customer Number or Bar Code Label



Correspondence address below

(Insert Customer No. or Attach bar code label here)

Name	Mark D. Saralino				
Address	Renner, Otto, Boisselle & Sklar LLP				
	1621 Euclid Ave., 19th Fl			Zip Code	44115-2191
City	Cleveland	State	Ohio	Fax	216-621-6165
Country	US	Telephone	216-621-6165		

NAME (Print/Type)	Mark D. Saralino	Registration No. (Attorney/Agent)	34,243
Signature		Date	4/26/01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

U.S. Patent and Trademark Office

11036 U.S. PTO
09/844740

04/26/01



REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) YAMAP0503US		
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 36 (C) 10	Total Claims (37 CFR 1.16(j)) Independent claims (37 CFR 1.16(i))	(B) 42 (D) 13	**** 6 = * 3 =	x \$ ____ = x \$ ____ =		or x \$ 18 = x \$ 80 =	108.00 240.00	
Basic Fee (37 CFR 1.16(h))					\$ ____		\$ 710.00	
Total Filing Fee					\$	OR	\$ 1,058.	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	*	x \$ ____ =		x \$ ____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ ____ =		x \$ ____ =	
Total Additional Fee					\$	OR	\$	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>18-0988</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>1,058.00</u> to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>								
April 26, 2001 Date				 Signature of Applicant, Attorney or Agent of Record				
				Mark D. Saralino Typed or printed name				



Atty Docket No. YAMAP0503US

**CODE CONVERSION METHOD AND APPARATUS, CODE
RECORDING MEDIUM, CODE RECORDING APPARATUS AND
CODE REPRODUCING APPARATUS**

by

Y. Kobayashi, et al.

CERTIFICATION UNDER 37 CFR 1.10

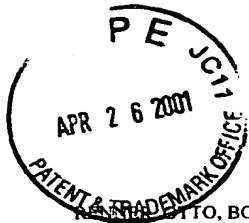
I hereby certify that the attached patent application (along with any other paper referred to as being attached or enclosed) is being deposited with the United States Postal Service on this date April 26, 2001, in an envelope as "Express Mail Post Office to Addressee" Mailing Label Number EK347076040US addressed to the: Box Reissue, Assistant Commissioner for Patents, Washington, D.C. 20231.

Lisa DeForrest

(Typed or Printed Name of Person Mailing Paper)

(Signature of Person Mailing Paper)

Patent & Trademark Office



REYNOLDS, BOISSELLE & SKLAR

Attorney Docket No. YAMAP0503US

PATENT (OUS)

**REISSUE APPLICATION OFFER TO SURRENDER PATENT
AND
STATEMENT UNDER 37 CFR §3.73(b)**

Name of Patentees:

Yoshiharu KOBAYASHI
Akira MUTOH
Shin-ichi TANAKA
Nobuo AKAHIRA

Patent Number: 5,898,394

Date Patent Issued: April 27, 1999

Title: CODE CONVERSION METHOD AND APPARATUS, CODE RECORDING MEDIUM, CODE RECORDING APPARATUS AND CODE REPRODUCING APPARATUS

This is part of the application for reissue patent based on the original patent identified above.

The assignee owning the entire interest in the original patent is Matsushita Electric Industrial Co., Ltd. The assignee offers to surrender the original patent.

The assignee Matsushita Electric Industrial Co., Ltd. further states that it is the assignee of the entire right, title and interest in the original patent identified above by virtue of an assignment from the inventors of the original patent. The assignment was recorded in the United States Patent and Trademark Office at Reel 8759, Frame 0109.

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

MATSUSHITA ELECTRIC INDUSTRIAL CO., LTD.

Osamu Yamazaki
Director, IP Development Center
Authorized Signing Officer

Date: 4/24/01